

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 13 AM 10:50

DOCUMENT #

L00000011814

1. Limited Liability Company's Name

SANKARA HOLDINGS GROUP, LLC

2. Principal Office Address

1717 N. BAYSHORE DR.

Suite, Apt. #, etc.

2646

City & State

MIAMI

Zip

33132

Country

USA

3. Mailing Office Address

1717 N. BAYSHORE DR.

Suite, Apt. #, etc.

2646

City & State

MIAMI

Zip

33132

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

09/28/2000

6. FEI Number

652384517

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

FRANCESCO LA LUMIA

Street Address (P.O. Box Number is Not Acceptable)

1717 N. BAYSHORE DR.

Suite, Apt. #, Etc.

2646

City

MIAMI

State

FL

Zip Code

33132

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

[Signature]

Date 09/16/2005

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	FRANCESCO LA LUMIA	1717 N. BAYSHORE DR 2646	MIAMI, FL 33132

REINSTATEMENT

2002-2005

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

[Signature]

Date 09/16/05

Daytime Phone # 305-372-3528

Typed or printed name of signing Managing Member/Manager